

Office
St. address, city, state, zip
999.999.9999 phone * 999.999.9999 fax
www.wrksolutions.com

Date

Title Fname Lname
Any Street
City, State Zip



Dear **Title Lname:**

Identifying Number_____

Workforce Solutions will no longer provide child care financial aid for your family because your income exceeds our maximum allowed level.

Our records also indicate that your income for _____ is more than you reported to Workforce Solutions.

You have 15 days from the date on this letter to appeal.

If you have questions or disagree with this information please contact me immediately at the number listed below.

Sincerely,

Name
Title
Telephone number and extension